

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO

(b) Address (number and street) ☐ check if different than previously reported

1625 L STREET NW

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000798

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

(b) Communication Title JOBS

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

LEE A SAUNDERS

(b) Address (number and street)

1625 L STREET NW

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

AMERICAN FEDERATION OF STATE, COUNTY A

(e) Occupation

INTERNATIONAL SECRETARY-TREASURER

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

68539.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM STEPHEN GRAHAM

SIGNATURE Electronically Filed by STEPHEN GRAHAM

DATE 08/13/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name CHRISTOPHER POLICANO	Transaction ID : F91.000001	
	(b) Address (number and street) 1625 L STREET NW		
	(c) City, State and Zip Code WASHINGTON DC 20036		
	(d) Name of Employer or Principal Place of Business AMERICAN FEDERATION OF STATE, COUNTY A	(e) Occupation DIRECTOR PUBLIC AFFAIRS	
B.	(a) Name BLAINE RUMMEL	Transaction ID : F91.000002	
	(b) Address (number and street) 1625 L STREET NW		
	(c) City, State and Zip Code WASHINGTON DC 20036		
	(d) Name of Employer or Principal Place of Business AMERICAN FEDERATION OF STATE, COUNTY A	(e) Occupation ASST DIRECTOR LEGISLATION	

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 3 / 4

A. Full Name (Last, First, Middle Initial) of Payee VISUALITY				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 1 1</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>			
Mailing Address of Payee 5980 EXECUTIVE DRIVE SUITE A				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>			
City MADISON		State WI		Zip Code 53719		Communication Date <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 1 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) RADIO AD JOBS							
Name of Federal Candidate STEVEN L KAGEN		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: WI District: 08		Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN GROUP, INC.							
Mailing Address of Payee 1600 LOCUST STREET				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 1 0</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>			
City PHILADELPHIA		State PA		Zip Code 19103		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">53539.00</div>	
Name of Employer		Occupation		Communication Date <div style="display: flex; justify-content: space-around;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 1 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>			
Transaction ID : F93.000002							
Purpose of Disbursement (including title(s) of communication(s)) RADIO AD JOBS							
Name of Federal Candidate WILLIAM OWENS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 23		Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000004							
Name of Federal Candidate SUZANNE KOSMAS		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: FL District: 24		Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000005							
Name of Federal Candidate F ALLEN BOYD, JR		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: FL District: 02		Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000006							
SUBTOTAL of Disbursement/Obligation This Page (optional)						<div style="border: 1px solid black; padding: 2px; text-align: right;">68539.00</div>	
TOTAL This Period (last page this line number only) (carry total from last page to line 10)						<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

SCHEDULE 9-B
Disbursement(s) Made or Obligations

PAGE 4 / 4

A. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><div>M</div><div>M</div></div><div>/</div><div><div>D</div><div>D</div></div><div>/</div><div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div></div>																											
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City State Zip Code																															
Name of Employer Occupation																															
Purpose of Disbursement (including title(s) of communication(s))																															
<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">Name of Federal Candidate</td><td style="width: 15%;">Office Sought:</td><td style="width: 10%;"><input checked="" type="checkbox"/></td><td style="width: 15%;">House</td><td style="width: 10%;">State:</td><td style="width: 10%;">MD</td><td style="width: 10%;">Disbursement/Obligation For:</td><td style="width: 10%;">2010</td></tr><tr><td>FRANK KRATOVIL, JR</td><td></td><td><input type="checkbox"/></td><td>Senate</td><td></td><td>District: 01</td><td><input checked="" type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>President</td><td></td><td></td><td><input type="checkbox"/> Other (specify)</td><td></td></tr></table>								Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/>	House	State:	MD	Disbursement/Obligation For:	2010	FRANK KRATOVIL, JR		<input type="checkbox"/>	Senate		District: 01	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General			<input type="checkbox"/>	President			<input type="checkbox"/> Other (specify)	
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F94.000008																															
F94.000009																															
SUBTOTAL of Disbursement/Obligation This Page (optional)						<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">0.00</div>																									
TOTAL This Period (last page this line number only) (carry total from last page to line 10)						<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">68539.00</div>																									